

OFFICE OF QUALITY ASSURANCE AUDIT REPORT FOR

AUDIT OF

REYNOLDS ELECTRICAL AND ENGINEERING COMPANY, INC.

AUDIT NUMBER 91-02

CONDUCTED FEBRUARY 25 THROUGH 28, 1991

Prepared by: Robert H. Klemens
Robert H. Klemens
Audit Team Leader
Yucca Mountain Quality Assurance Division

Date: 3/20/91

Approved by: Donald G. Horton
Donald G. Horton
Acting Director
Office of Quality Assurance

Date: 3/21/91

EXECUTIVE SUMMARY

A team from the Yucca Mountain Quality Assurance Division (YMQAD) conducted a limited scope audit of Reynolds Electrical and Engineering Company, Inc. (REECO) quality-affecting activities associated with selected quality assurance (QA) program elements.

The activities audited for implementation of procedural requirements for Criteria 2, 5, 6, and 12 were found to be satisfactory and effectively implemented, although marginal in areas depicted in the Corrective Action Requests (CARs) written against Criteria 2, 5, and 12. However, other specific elements of the QA program were identified as either indeterminate (due to lack of implementation), or ineffective. The following is a summary of those elements of the REECO QA Program judged by the audit team to be ineffective:

1. Criterion 1 (Organization)--The fact that REECO failed to maintain an adequate dedicated QA staff resulted in the failure of REECO's QA organization to verify the adequacy and effectiveness of plans, requirements, and QA program implementation.
2. Criterion 9 (Control of Processes)--The overall programmatic implementation of this element could not be thoroughly ascertained at this time due to lack of activity within REECO. However, in regard to the work that has been done by REECO to date in "control of special processes," it can only be determined that the implementation of weld procedure qualification and welder qualification has been ineffective, as evidenced by the three CARs written against this criterion.
3. Criterion 17 (QA Records)--This element of the REECO QA program was determined to be ineffective in the areas dealing with the submission of completed record packages within 10 days after the closeout of the record package. Personnel were not adequately trained to assemble complete record packages as described in REECO implementing procedures (i.e., Quality Procedure QP 2.3 and QP 5.1).
4. Criterion 18 (Audits)--The audit team is concerned with the small number of internal audits performed by REECO in 1990 (4 out of 11), plus the fact that audits were not even scheduled for the QA Department and Criteria 16 and 18 in 1990 and 1991. In addition, REECO did not comply with QP 18.0 requirements for qualification of the current REECO lead auditor. Also, REECO closed Audit Finding Report AFR No. 3 of Audit No. 001-90 without full corrective action being implemented or a date for completion of the proposed corrective action being given.

The following program elements were found to be indeterminate:

1. Criteria 3, 4, 7, 8, 10, 11, 13, 14, 15, and 16 could not be evaluated for implementation effectiveness at this time due to the lack of activity within REECO. Criteria 4, 7, and 16 were thoroughly reviewed however, using checklists, with the following results:
2. Criteria 4 and 7 (Procurement and Control of Purchased Items)--There have been only 5 procurements of sole-source commercial grade items since January 1990. Consequently, REECO has implemented only a small portion of QP 4.0 and QP 7.0 and an effectiveness determination cannot be made at this time.
3. Criterion 16 (Corrective Action)--Implementation effectiveness cannot be addressed at this time. There have been only two REECO CARs issued since January 1990. A determination cannot be made at this time based on lack of implementation of QP 16 and QP 16.2.
4. Criteria 3, 8, 10, 11, 13, 14, and 15 could not be evaluated for effectiveness since no QA Level I or II work has been performed since the last OQA audit of REECO.

As a result of this audit, 14 CARs were issued to REECO. The details regarding the CARs are described in Section 6 of this report.

The audit team observed that a much needed effort was made by the REECO Matrix staff to respond to previously identified QA program deficiencies. The REECO staff was cooperative and the audit team appreciated their efforts in helping the audit to progress smoothly.

1.0 INTRODUCTION

This report contains the results of the Quality Assurance (QA) audit of activities conducted by Reynolds Electrical and Engineering Company, Inc. (REECO) in support of the Yucca Mountain Site Characterization Project (YMP). The audit was conducted at the REECO facilities in Las Vegas, Nevada, and at the Nevada Test Site (NTS) in Mercury, Nevada, from February 25 through 28, 1991. The audit was conducted in accordance with the requirements of Office of Civilian Radioactive Waste Management (OCRWM) Quality Assurance Administrative Procedure QAAP-18.2, Revision 3, "Audit Program." The QA program requirements to be verified were taken from the REECO Quality Assurance Program Plan (QAPP) for the Yucca Mountain Project, QAPP 568-DOC-115, Revision 8.

2.0 AUDIT SCOPE

The scope of the audit was to evaluate the REECO QA Program to determine whether it meets the requirements and commitments imposed by the YMP. This was accomplished by verifying implementation and effectiveness of the program in place, as well as verifying compliance with requirements.

The following programmatic elements (criteria) were audited to assess compliance with REECO QAPP 568-DOC-115, Revision 8:

- 1.0 Organization
- 2.0 Quality Assurance Program
- 4.0 Procurement Document Control
- 5.0 Instructions, Procedures, Plans, and Drawings
- 6.0 Document Control
- 7.0 Control of Purchased Items and Services
- 9.0 Control of Processes
- 12.0 Control of Measuring and Test Equipment
- 16.0 Corrective Action
- 17.0 QA Records
- 18.0 Audits

The lack of REECO activity or non-applicability to the REECO scope of work was verified for the following programmatic elements: 3.0, 8.0, 10.0, 11.0, 13.0, 14.0, and 15.0.

3.0 AUDIT TEAM PERSONNEL AND OBSERVERS

<u>Responsibility</u>	<u>Individual</u>
Audit Team Leader	Robert H. Klemens
Auditors	A. Edward Cocoros Mario R. Diaz

<u>Responsibility</u>	<u>Individual</u>
Auditors	Frank J. Kratzinger John S. Martin Albert C. Williams
Observers	John T. Buckley, U.S. Nuclear Regulatory Commission (NRC) Robert D. Erient, NRC Phillip A. Niedzielski-Eichner, Nye County

4.0 SUMMARY OF AUDIT RESULTS

4.1 Statement of Program Effectiveness

In the opinion of the audit team, adequacy of the REECO QA Program cannot be determined at this time, due to the large number of QA program elements that were found to be either indeterminate (due to lack of implementation), marginally effective, or ineffective, as noted below.

1. Criterion 1 (Organization)--Ineffective (CAR No. YM-91-025)
2. Criterion 2 (QA Program)--Marginally effective (CAR Nos. YM-91-026, YM-91-027, and YM-91-034)
3. Criterion 3 (Design Control)--Indeterminate due to lack of implementation.
4. Criterion 4 (Procurement Document Control)--Indeterminate due to limited purchasing activity. Only a small portion of QP 4.0 has been implemented by REECO, since procurement was limited to five sole-source commercial grade items.
5. Criterion 7 (Control of Purchased Items)--Indeterminate due to limited purchasing activity.
6. Criterion 8 (Identification and Control of Materials, Parts and Components)--Indeterminate due to lack of implementation.
7. Criterion 9 (Control of Processes)--Ineffective. Three CARs were issued due to lack of attention to detail (CAR Nos. YM-91-028, YM-91-029, and YM-91-030).
8. Criterion 10 (Inspection)--Indeterminate due to lack of implementation.

9. Criterion 11 (Test Control)--Indeterminate due to lack of implementation.
10. Criterion 13 (Handling, Shipping, and Storage)--Indeterminate due to lack of implementation.
11. Criterion 14 (Inspection Test and Operating Status)--Indeterminate due to lack of implementation.
12. Criterion 15 (Nonconforming Materials)--Indeterminate due to lack of implementation.
13. Criterion 16 (Corrective Action)--Indeterminate due to lack of implementation. No REECO CAPs or Deficiency Notices on QA Level I or II activities were open at the time of the audit. Only two REECO CARs were issued and both have been closed.
14. Criterion 17 (QA Records)--Ineffective due to REECO's failure to meet YMP requirements on QA Records (CAR Nos. YM-91-037 and YM-91-038).
15. Criterion 18 (Audits)--Ineffective due to REECO performing only 4 out of 11 scheduled audits and not scheduling audits of all criteria/organizations in 1990 and 1991 as required (CAR Nos. YM-91-032). Requirements for qualification of audit personnel per QP 18.0 not adhered to by REECO (CAR No. YM-91-035).

4.2 Summary of Findings

A total of 14 CARs were generated during the course of this audit. Information copies of the CARs are attached as Enclosure 2.

5.0 AUDIT MEETINGS

5.1 Pre-audit conference

A pre-audit conference with the REECO Technical Project Officer (TPO) and his staff was conducted at 10:00 a.m. on February 25, 1991. The purpose, scope, and proposed agenda for the audit were presented, and the auditors and observers were introduced. A list of attendees is attached as Enclosure 1.

5.2 Persons Contacted during the Audit

See Enclosure 1 for a list of persons contacted during the audit.

5.3 Post-Audit Conference

The post-audit conference was conducted at 2:00 p.m. on February 25, 1991. A synopsis of the preliminary CARs identified during the course of the audit was presented to the TPO and his staff. A list of those attending the conference is attached as Enclosure 1.

5.4 Audit Status Meeting

Audit status meetings were held daily with the TPO and his key staff at 8:30 a.m. to discuss the progress and identify findings from the previous days auditing activities.

6.0 SYNOPSIS OF CORRECTIVE ACTION REQUESTS

6.1 Corrective Action Requests

The following CARs were issued as a result of this audit:

- YM-91-025 REECO failed to maintain an adequate number of full-time dedicated QA personnel to verify the adequacy and effectiveness of QA plans, requirements, and QA program implementation.
- YM-91-026 Records of Personnel Qualification Evaluations, Indoctrination, Training, and Proficiency Evaluations have not been transmitted to the Local Records Center for processing.
- YM-91-027 There is no documented evidence of indoctrination of some REECO personnel who had been performing quality-affecting activities.
- YM-91-028 Nondestructive evaluation reports were not attached to the Procedure Qualification Records for those weld procedure qualifications for which nondestructive testing (e.g., ultrasonic and radiographic) was performed.
- YM-91-029 No "code of record" has been established within the Nevada Nuclear Waste Storage Investigation (NNWSI) weld procedures to designate the year or addenda of the referenced federal codes.
- YM-91-030 The REECO employee who was assigned welder stamp no. Z-001 had his qualifications renewed for weld procedures N-1112, N-1117G, and N-3914 without the performance of any welding process for a period greater than three months. This is a violation of American Society of Mechanical Engineers welding codes.

- YM-91-031 There is no documented evidence of compliance with QP 5.1 requirements for reviewing newly developed procedures for conflict with existing procedures, and for annual review of procedures for possible revisions.
- YM-91-032 Only 4 out of 14 scheduled REECO audits were performed by REECO QA during 1990. In addition, the QA organization, and Criteria 16 and 18, were not scheduled to be audited in 1990 and 1991.
- YM-91-033 The REECO Measuring and Test Equipment Tracking System Log does not meet the requirements of QP 12. In addition, MQA-IP-CP-GEN-1, which is supposed to be for internal use only, contains requirements for user organizations (e.g., Science Applications International Corporation, Los Alamos National Laboratory, and the U.S. Geological Survey).
- YM-91-034 Documented evidence of the TPO annual evaluation of the overall REECO training program for the years 1989 and 1990 is not available.
- YM-91-035 There is no objective evidence of REECO compliance with requirements of the QAPP relative to qualification of their current lead auditor.
- YM-91-036 Contrary to QAPP requirements, AFR No. 3 of REECO Audit No. 001-90 has had corrective action accepted and the subsequent closure of the AFR without full corrective action being implemented or a date for completion of the proposed corrective action being given.

7.0 REQUIRED ACTION

Responses to each CAR (delineated in Section 6.0) are due by the date indicated in Block 10 of the CAR. Upon response and satisfactory verification of all remedial and corrective actions, the CARs will be closed and REECO will be notified (by letter) of the closure.

ENCLOSURE 1

REYNOLDS ELECTRICAL ENGINEERING COMPANY (REECO)
91-02 AUDIT ROSTER

REECO, LAS VEGAS, NV

<u>NAME</u>	<u>ORGANIZATION</u>	<u>TITLE</u>	<u>PRE- AUDIT</u>	<u>CONTACTED DURING AUDIT</u>	<u>POST AUDIT</u>
S. Archuleta	REECO	QA Splst I	X	X	X
J. Arnold	REECO	Control Dept. Mgr	X		X
C. Barker	REECO	Trg Admin			X
J. Blaylock	DOE/YMPO	QAM	X		X
B. Blichfeldt	REECO	Staff Asst	X		
R. Brient	NRC/CNWRA	Observer	X		X
J. Buckley	NRC	Observer	X		X
E. Coceros	MACTEC	QE	X		X
M. Diaz	DOE	Gen. Engr	X		X
J. Donaldson	REECO	Engr III		X	
M. Fox	REECO	QA Mgr	X	X	X
D. Fraser	REECO	Gen. Mgr	X		
W. Glasser	REECO	Qual. Coordinator	X		X
D. Hackbert	REECO	Sr. QA Splst	X		X
P. Hurtado	REECO			X	
C. Key	REECO	Supply Super.		X	
R. Klemens	SAIC/QA	Audit Team Leader	X		X
R. Knott	REECO	Budget Analyst		X	
F. Kratzinger	SAIC/QA	Auditor	X		X
E. Kress	REECO			X	
T. Leonard	REECO	Constr. Dept Mgr	X		X
R. Leske	REECO	Safety Profess.	X		
E. Lewis	REECO	Human Res. Mgr	X		
K. Limon	REECO	Prncpl. Staff Asst	X		
R. Lykens	REECO	Admin Qual Coord.	X	X	
J. Martin	SAIC/QA	Auditor	X		X
C. Mason	REECO	DM	X		X
J. McGoldrick	REECO	Chief Pur. Agent		X	
M. Moulder	REECO	Sr. QA Staff Asst		X	X
P. Niedzielski- Eichner	Nye County	Tech. Advisor	X		X
T. Noland	POQA/W	Auditor			X
V. Presser	REECO	Sr. Staff Asst	X		
R. Pritchett	REECO	TPO	X		X
C. Reinan	REECO	Sr. Buyer		X	
S. Straub	REECO	Log. Spt Dept Mgr	X		X
M. Thompson	REECO	Info. Mgmt Mgr		X	X
A. Truce	REECO	Sr. Staff Asst		X	
D. Warriner	REECO	Archivist		X	
J. Wilhelm	REECO	Engr. II ADQC	X		
A. Williams	DOE/YMPO/QA	General Engr.	X		X
T. Zellers	REECO	Mail/Record Chief	X		
S. Ziehm	REECO	Sr. Staff Asst		X	

ENCLOSURE 2

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**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-025
DATE 3/7/91
SHEET 1 OF 2
QA
WBS No. 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
568-DOC-115 QAPP

2 Related Report No.
Audit 91-02

3 Responsible Organization
REECO Quality Assurance

4 Discussed With
M. Fox

10 Response Due
30 days after issue

11 Responsibility for Corrective Action
R.F. Fritchett

12 Stop Work Order Y or N
N

5 Requirement:

QAPP, Revision 8, Section 1, Paragraph 2.1 states in part, "Full-time dedicated QA positions have been established by REECO. Personnel in these positions shall have the responsibility and authority to verify the adequacy and effectiveness of QA plans, requirements, and QA program implementation by REECO and its subordinate organizations."

QP 2.0, Revision 7, Paragraph 6.1.3, "The REECO Organizational Chart, Exhibit 1, denotes the lines of authority, communication, and responsibility assigned to key quality-related Project functions for the YMF."

6 Adverse Condition:

REECO has failed to assign adequate amount of full-time dedicated QA personnel to ensure that the required support for activities that affect quality is achieved accordingly.

Organizational charts issued in January 1, 1990 and updated during the audit indicated that a minimum of 4 full-time dedicated QA positions are required for the Quality Assurance Department. This was also stated by the QA Manager. However, at the time of the audit, only one full-time dedicated QA individual was in place.

7 Recommended Action(s):

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions of the CAR. (Con't)

8 Initiator
Mario R. Diaz 2/25/91
Mario R. Diaz

9 Severity Level -
1 2 3

13 Approved By:
OOA *Catherine [Signature]* 3-11-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO.: ^{RRK 5/12/91} ~~YF~~-91-025

DATE: 3/7/91

SHEET. 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

7 Recommended Action(s) (continued)

Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO.: YM-91-026
DATE 03/07/91
SHEET 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 2.4		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECs, Logistic Support Dept.		4 Discussed With S. Straub, C. Barker	
10 Response Due 30 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett	12 Stop Work Order Y or N No	
5 Requirement: QP 2.4, Rev. 1, Para. 7.1 states, "Records of Personnel Qualifications, Indoctrination, Training, and Proficiency Evaluations shall be retained as lifetime QA Records and shall be maintained and processed in accordance with QP 17.0." QP 17.0, Rev. 4, Paras. 5.4 and 5.4.5 state, "Each organization generating records is responsible for the control, authentication and distribution of its own records, including transmitting the original, or best available copy to the LRC for processing."			
6 Adverse Condition: Records of Personnel Qualification Evaluations, Indoctrination, Training, and Proficiency Evaluations have not been transmitted to the LRC for processing.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator M. R. Diaz <i>Mario Diaz</i>	Date: 02/26/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <i>Robert H. [Signature]</i> Date: 3-8-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OQA _____	

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WASHINGTON, D.C.**

CAR NO YM-91-026
DATE 03/07/91
SHEET 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

14CAR NO YM-91-027
DATE 03/07/91
SHEET 1 OF 2
QA
WBS No 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
149-000-115 CAR

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
FEETe, Logistics Support Dept.

4 Discussed With
S. Straub, C. Barker

10 Response Due
30 Days After Issue

11 Responsibility for Corrective Action
R. F. Britchett

12 Stop Work Order Y or N
No

5 Requirement:

CAPP, Rev. 8, Para. 5.1.6.2, states, "Records of indoctrination which include the objective and content of the indoctrination, date or dates of indoctrination, and other applicable information."

CAPP, Rev. 8, Para. 5.1.3, states in part, "Prior to assigning personnel to perform activities affecting quality, they shall be indoctrinated as to the purpose, scope, method of implementation, and applicability of the following documents:

- o CAPPs
- o Implementing Procedures and Work Instructions (applicable to the individual's responsibilities)
- o Regulations
- o Project level documents

6 Adverse Condition:

Documented evidence of indoctrination for some personnel who had performed quality affecting activities does not exist. In some other cases, the indoctrination has been performed after the individuals have been assigned to perform those activities.

7 Recommended Action(s):

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
M. P. Diaz Date: 02/26/91

9 Severity Level -
1 2 3

13 Approved By:
Catherine H. [Signature] Date: 3-8-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO.: YM-91-027
DATE: 03/07/91
SHEET: 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14CAR NO YM-91-028
DATE 03/07/91
SHEET 1 OF 2
QA
WBS No. 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
Quality Procedure 9.1

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
RECo QSD

4 Discussed With
S. Archueta, J. Donaldson

10 Response Due
20 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:
QP-9.1, Rev. 3, "Welding Procedure Qualification," Para. 6.2.3 states, "when required by the applicable code, arrange for nondestructive testing of the sample weld, (i.e., ultrasonic, radiographic, etc.) and attach a copy of the nondestructive evaluation report to the original PQR for retention."

6 Adverse Condition:
Contrary to the above requirement, NDE reports were not attached to the PQRs for those weld procedure qualifications for which NDE was performed.

7 Recommended Action(s):
Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initials
J. S. Martin

Date:
02/26/91

9 Severity Level -
1 2 3

13 Approved By:
OOA *[Signature]*

Date:
3-8-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO. YM-91-028
DATE 03/07/91
SHEET 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14 CAR NO: YM-91-029
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
QAPP 568-DOC-115

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
REECO QSD

4 Discussed With
S. Archuleta, J. Donaldson

10 Response Due
30 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:
Quality Assurance Program Plan (QAPP), Revision 6, Section V, Para. 1.0 states in part, "Documents shall include or reference appropriate quantitative or qualitative acceptance criteria for determining that prescribed activities have been satisfactorily accomplished."

6 Adverse Condition:
Typically the NNWSI Volumes I through III reference that the governing codes (i.e., ASME, AWS, ANSI, ...) be utilized and consulted for further information and applicable criteria. The deficiency that exists is that no code of record has been established within the procedures to designate which year or addenda is applicable.

7 Recommended Action(s):
Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
J. S. Martin Date: 02/26/91

9 Severity Level -
1 2 3

13 Approved By:
OQA Cathy H. ... Date: 3-8-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OQA _____

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WASHINGTON, D.C.**

CAR NO YM-91-029
DATE 03/07/91
SHEET 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)
measures required to correct them. Identify the cause of the condition and the
planned corrective action to prevent recurrence.

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THIS IS A RED STAMP
14CAR NO: YM-91-030
DATE 03/07/91
SHEET: 1 OF 2
QA
WBS No: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
American Society of Mechanical Engineers, Sec. IX

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
FERCo QSD

4 Discussed With
S. Archuleta, J. Donaldson

10 Response Due
20 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
Nc

5 Requirement:
Procedure NWP, Revision 0 "NWSI Standard Welder, Welding Operator, Brazer and Brazing Operator, Certification Specification," Para. 2.2 references that "ANSI/AIME, Section IX (American Society of Mechanical Engineers), "Welding and Brazing Qualifications." be utilized for welder certification. ASME Section IX, Part QW, "Welding," paragraph QW-322, "Renewal of Qualification," states, "The performance qualifications of a welder or welding operator shall be affected under the following conditions: (a) when he has not welded with a process during a period of 3 months or more, his qualifications for that process shall be expired; except when he is welding with another process, the period may be extended to 6 months; (b) when he has not welded with any process during a period of 3 months, all his qualifications shall be expired including any which may extend beyond 3 months by virtue of (a) above;..."

6 Adverse Condition:
Contrary to the above, welder with stamp No. 2-001 had his qualifications renewed for weld procedures N-1112, N-1117G, and N-3914, without the performance of any welding process for a period greater than 3 months.

7 Recommended Action(s):
Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
J. S. Martin
Date: 02/26/91

9 Severity Level -
1 2 3

13 Approved By
OOA *Chloe H. ...*
Date: 3-11-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

**OFFICE OF CIVILIAN
RADIOACTIVE WASTE MANAGEMENT
U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.**

CAR NO. YM-91-030
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14CAR NO.: YM-91-031
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
QP 5.1, and QP 5.3

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
RECC:

4 Discussed With
R. Lykens and S. Archuleta

10 Response Due
30 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:
QP 5.1, Rev. 2, Para. 6.1.3.3 and QP 5.3, Rev. 1, Para. 6.3.4 state, "The organization developing the procedures shall assure that the procedure being developed does not conflict with existing procedures and, if so, that such conflicts are resolved."
QP 5.1, Rev. 2, Para. 6.3.2.4 states, "Procedures shall be reviewed for possible revisions at least annually as a minimum."

6 Adverse Condition:
No objective evidence of compliance with the above referenced requirements was available.

7 Recommended Action(s):
Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
A. E. Cocoros 02/26/91
A. E. Cocoros 2/26/91

9 Severity Level -
1 2 3

13 Approved By:
OOA *Cathy Hunt* 3-8-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

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WASHINGTON, D.C.**

CAR NO: YM-91-031
DATE: 03/07/92
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14 CAR NO TN-91-032
DATE 03/07/91
SHEET 1 OF 2
QA
WBS No 2.93

CORRECTIVE ACTION REQUEST

1 Controlling Document
REEC: GAPP. 565-DCC-115

2 Related Report No
AECOT NO: 91-02

3 Responsible Organization
REEC: QA

4 Discussed With
N. Fox, S. Mackbert

10 Response Due
30 Days After Issue

11 Responsibility for Corrective Action
R. F. Fritchett

12 Stop Work Order Y or N
No

5 Requirement:
GAPP, Rev. 8, Sect. 18, Para. 1.1.1 states in part, " REECs shall conduct internal audits (covering their entire GAPP, on an annual basis) and external (direct subcontractor) audits of activities under its direct control."

6 Adverse Condition:

1. Only 4 of their 11 scheduled audits were performed by REECs in 1990.
2. The QA Department and Criteria 16 and 18 were not scheduled for an audit in 1990 and are not scheduled for an audit on the 1991 Revision 0 Audit Schedule.

7 Recommended Action(s):
Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initiator
T. F. Holand
T.F. Holand

Date: 02/27/91

9 Severity Level -
1 2 3

13 Approved By:
OOA *Robert H. ...* for 3/11/91

Date:

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

**OFFICE OF CIVILIAN
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WASHINGTON, D.C.**

CAR NO.: YM-91-032
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14CAR NO.: YH-91-033
DATE: 03/07/91
SHEET. 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document CF-12.0, Rev. 6 and MJA-IP-QS-5.0, Rev. 0		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization RECo QSD		4 Discussed With S. Archuleta, E. Kress	
10 Response Due 20 Days After Issue	11 Responsibility for Corrective Action R. F. Fritchett	12 Stop Work Order Y or N No	
5 Requirement: 1. Quality Procedure 12.0, Rev. 6, Para. 6.2.2 states, "Prior to installing M&TE into service, it shall be entered into a tracking system log which shall contain as a minimum: item, S/N, model number, user assigned number, date calibrated, date calibration day, date put into service, date removed from service, date used and where used." 2. MJA-IP-QS-5.0, Rev. 0, Para. 1.3 states in part, "All support provided to the YMF shall be governed by internal Implementing Procedures." In addition, Paragraph 2.1 states in part, "This procedure shall apply to all implementing instructions, procedures and drawings developed for use in the YMF support."			
6 Adverse Condition: Contrary to the above requirements, the following discrepancies were found: 1. Tracking system utilized by the Physical Standards and Calibration Lab (PSCL) does not contain the following prerequisites: serial number, user assigned number, date calibrated, date put into service, date removed from service, dates utilized or location of utilization. 2. As stated within MJA-IP-QS-5.0, Rev. 0, the procedures developed for utilization by the Quality Systems Division are for internal use only. However, MJA-IP-CP-GEN-1, Rev. 3, contains requirements for the user organizations (i.e., USGS, SAIC, LANL, etc....) in the following paragraphs 6.3, 6.3.1, 6.3.2, 6.3.3, 6.4.1, 6.12, and 6.12.1.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator J. S. [Signature] 02/27/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA [Signature]	Date: 3-11-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OQA _____	

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CAR NO. YM-91-033
DATE 03/07/91
SHEET 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14CAR NO.: YM-91-034
DATE: 3/7/91
SHEET: 1 OF 2
QA
WBS No: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document
CP 2.4

2 Related Report No.
Audit 91-02

3 Responsible Organization
REECo

4 Discussed With
R. Pritchett

10 Response Due
30 days after issue

11 Responsibility for Corrective Action
R.F. Pritchett

12 Stop Work Order Y or N
N

5 Requirement:
CP 2.4, Revision 1, Paragraphs 6.6.1 and 6.6.3 state, "The TPO shall periodically, annually as a minimum, initiate an evaluation of the overall training program for the REECo Yucca Mountain Project Division."

The TPO shall document the evaluation and include the following information:

- o Names of evaluators
- o Dates of evaluation
- o Scope of evaluation
- o Methodology
- o Results
- o Recommendations for changes, (if any) (Con't)

6 Adverse Condition:
Documented evidence of the overall training program evaluation for the years 1989 and 1990 does not exist.

7 Recommended Action(s):
Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. (Con't)

8 Initiator
M. R. Diaz 2/27/91
Mario Diaz

9 Severity Level -
1 2 3

13 Approved By:
OOA *Cathleen H. [Signature]* 3-8-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

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WASHINGTON, D.C.**

CAR NO.: YM-91-034
DATE: 3/7/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

5 Requirements (continued)

o Signature of TPO

7 Recommended Action(s) (continued)

Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14 CAR NO.: YM-91-035
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document CF 18.0, Rev. 7		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECO QA		4 Discussed With M. Fox	
10 Response Due 20 Days After Issue	11 Responsibility for Corrective Action R. F. Pritchett	12 Stop Work Order Y or N No	
5 Requirement: CF 18.0, Rev. 7, Para. 6.3.2.1 states, "Qualification of audit personnel shall be in accordance with QAPP 568-DOC-115, Appendix F, Paras. 1.2.1 and 1.2.3." <ul style="list-style-type: none">o Para. 1.2.1 states, "The prospective Lead Auditor shall have the capacity to communicate effectively both orally and in writing. Those skills shall be attested to in writing by the Lead Auditor's employer."o Para. 1.2.3 states, "The prospective Lead Auditor shall have participated in a minimum of five (5) QA audits within a time not to exceed three (3) years prior to the date of qualification."			
6 Adverse Condition: No objective evidence of compliance with the above referenced requirements was available.			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator A. E. Cocozos <i>A. E. Cocozos</i>	Date: 02/28/91 <i>2/28/91</i>	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: <i>Catherine Hopton</i> Date: <i>3-8-91</i>
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OOA _____	

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WASHINGTON, D.C.**

CAR NO.: YK-91-035
DATE: 03/07/91
SHEET: 2 OF 2

**CORRECTIVE ACTION REQUEST
(continuation sheet)**

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14 CAR NO. TM-91-036

DATE. 03/07/91

SHEET: 1 OF 2

QA

WBS No. 1.2.9.3

**OFFICE OF CIVILIAN
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U.S. DEPARTMENT OF ENERGY
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CORRECTIVE ACTION REQUEST

1 Controlling Document
568-DOC-155 QAPP

2 Related Report No.
AUDIT NO. 91-02

3 Responsible Organization
REECe

4 Discussed With
R. Pritchett

10 Response Due
20 Days After Issue

11 Responsibility for Corrective Action
R. F. Pritchett

12 Stop Work Order Y or N
No

5 Requirement:

QAPP-568-DOC-125, Rev. 8, Sect. XVI, Para. 1.2 states, "The PQA organization shall document concurrence of the adequacy of proposed corrective actions to assure that QA requirements will be satisfied. Follow-up action shall be taken by the PQA organization to verify proper implementation of this corrective action and to close out the corrective action. The organization responsible for implementing the corrective action shall assure that the corrective action is completed in a timely manner."

In addition, Sect. XVIII, Paras. 1.6 through 1.7 state, "Management of the audited organization shall investigate adverse audit findings; determine root cause; schedule corrective action, including measures to prevent recurrence; and, within thirty calendar days of receipt of the audit report, notify the appropriate organizations in writing of action taken or planned. The adequacy of audit responses shall be evaluated by or for the auditing organization."

6 Adverse Condition:

Contrary to the above requirements, AFR No. 3 of Audit No. 001-90 has had corrective action accepted and the subsequent closure of subject AFR without full corrective action being implemented or a date for completion of the proposed corrective action being given.

7 Recommended Action(s):

Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the

8 Initials
J. S. Martin

Date: 02/28/91

9 Severity Level -
1 2 3

13 Approved By
OOA Catherine H. [Signature]

Date: 3-8-91

15 Verification of Corrective Action:

16 Corrective Action Completed and Accepted:
OAR _____ Date _____

17 Closure Approved By:
OOA _____

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CAR NO.: YM-91-036
DATE: 03/07/91
SHEET: 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

5 Requirements (continued)

"Follow-up action shall be taken to determine whether or not corrective action has been accomplished as scheduled and shall be verified by the auditing organization. An analysis of audit results shall be performed by the PQA organization to identify quality trends. The results of the analysis shall be reported to responsible management for review, assessment, and appropriate action."

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14CAR NO.: YM-91-037
DATE: 03/07/91
SHEET: 1 OF 2
QA
WBS No.: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 17.0		2 Related Report No. AUDIT NO. 91-02	
3 Responsible Organization REECo		4 Discussed With C. Thompson, R. Fritchett, M. Fox	
10 Response Due 30 Days After Issue	11 Responsibility for Corrective Action P. F. Fritchett	12 Stop Work Order Y or N No	
5 Requirement: QP 17.0, Rev. 4, Paras. 5.4 and 5.4.5 state, "Each organization generating records is responsible for the control, authentication and distribution of its own records, including transmitting the original, or best available copy to the LRC for processing." Para. 6.1.1 states in part, "As a minimum, QA records shall include documents which specify, verify, or affect quality, i.e., results or reviews, audits monitoring of work performance and closely related documents such as qualifications of personnel, procedures." IM-LRC-IP-01, Rev. 0, Para. 6.1.4.2 states in part, "Each Record Package shall contain a Table of Contents and be listed on the Records Administrator Submittal Form. Upon completion of Submittal Form, the completed record package, along with the Submittal Form and the Table of Contents, shall be transmitted to the LRC within 10 working days after the closeout of the			
6 Adverse Condition: Contrary to the above requirements, QA Record Packages for procedures and their revisions, plus QA Record Packages described in REECo QA Implementing Procedures, cannot be found within the QA Records System, or have not been transmitted to the LRC in a timely manner. Examples of this are as follows: 1. No documented evidence was found that the QA, IP, QS, Calibration and Welding procedures were received by the LRC as QA Record Packages. NOTE: REECo Internal Audit No. REECo-001-90, AFR-3, previously reported that the Physical Standards Laboratory and Weld Laboratory records have not been transmitted to the LRC. Reference Updated Responses to AFR-3, dated 02/20/91. 2. The Management Assessment for 1990 and the Readiness Review for Midway Valley activities			
7 Recommended Action(s): Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions on the CAR. Identify these deficiencies and provide the			
8 Initiator M. R. Diaz <i>Mario Diaz</i>	Date: 02/28/91	9 Severity Level - 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OOA <i>J. Blaylock</i> Date: 3/12/91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: OAR _____ Date _____		17 Closure Approved By: OOA _____	

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

CAR NO.: YM-91-037
DATE: 03/07/91
SHEET: 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

5 Requirements (continued)
record package."

6 Adverse Condition (continued)

have not been transmitted as a QA record package.

3. Audit REECs-004-90, report was issued on May 29, 1990 and the last finding was closed on July 7, 1990. However, it was transmitted to the LRC on November 7, 1990.

4. Audit REECs-005-90, report was issued on June 6, 1990 and the last finding was closed on June 26, 1990. However, it was transmitted to the LRC on November 7, 1990.

7 Recommended Action(s) (continued)

measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.

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14 CAR NO.: YMP-91-038
DATE: 3/7/91
SHEET: 1 OF 2
QA
WBS No: 1.2.9.3

CORRECTIVE ACTION REQUEST

1 Controlling Document QP 17.0		2 Related Report No. Audit 91-02	
3 Responsible Organization FECCo		4 Discussed With C. Thompson/R. Pritchett/M. Fox	
10 Response Due 30 days after issue	11 Responsibility for Corrective Action R.F. Pritchett	12 Stop Work Order Y or N N	
5 Requirement: <p>QP 17.0, Revision 4, Paragraph 6.1.3.1 states, "Documents designated as records shall be completed and processed in accordance with this procedure and the FECCo/YMP approved Records Management procedure."</p> <p>EM-LRC-IP-01, Revision 0, Paragraph 6.1.1.12 and 6.1.1.12.1 state, "Prior to transmittal to the LRC, records shall be reviewed to ensure the record is complete and all of its attachments or enclosures are included."</p> <p>QAPP, Revision 8, Section XVII, Paragraph 1.1 states in part, "Quality Assurance Records include (1) individual documents that have been executed, completed, and approved and that furnish evidence of the...activities affecting quality; (2) documents prepared and maintained to demonstrate implementation of quality assurance programs. A completed record is a (Con't)</p>			
6 Adverse Condition: <p>Documents maintained as records are incomplete and do not contain all of the records generated by the implementation of the applicable procedures. Examples are:</p> <ol style="list-style-type: none"> 1. Management Assessment for year 1990: Completed checklists and Corrective Action Requests are missing (Reference QP 2.3, Revision 1, Paragraph 7.1) 2. QP, IP, QS, Calibration, and Welding procedures: Document Review Record, Document Review Continuation Sheets, and Quality Procedure Change Notices are missing (Reference QP 5.1, Revision 2, Paragraph 7.1) 			
7 Recommended Action(s): <p>Identify the remedial action(s) to be taken to correct the deficiencies noted in Block 6. Investigate the program process, activities or documentation to determine the extent and depth of similar deficient conditions of the CAR. (Con't)</p>			
8 Initiator Mario R. Diaz <i>Mario Diaz</i>	Date: 2/28/91	9 Severity Level: 1 <input type="checkbox"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/>	13 Approved By: OQA <i>C. Thompson</i> Date: 3-11-91
15 Verification of Corrective Action:			
16 Corrective Action Completed and Accepted: QAR _____ Date _____		17 Closure Approved By: OQA _____	

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U.S. DEPARTMENT OF ENERGY
WASHINGTON, D.C.

*** 2/12/91

CAR NO: WP-91-038
DATE: 3/7/91
SHEET: 2 OF 2

CORRECTIVE ACTION REQUEST
(continuation sheet)

5 Requirements (continued)

document that will either receive no more entries or whose revision would normally consist of the reissue of the document; and is signed and dated by the originator and, as applicable, by personnel authorized to approve the document."

QP 2.3, Revision 1, paragraph 7.1 states, "The completed Management Assessment Report, Checklist, Memorandum, and Corrective Action Requests shall be considered QA Records, and shall be maintained in accordance with QP 17.0."

QP 5.1, Revision 2, paragraph 7.1 states, "Procedures and their revisions, Document Review Record, Document Review Record Continuation Sheets, and the Quality Procedure Change Notices, when applicable, generated by the implementation of this procedure are QA Records and shall be packaged together and processed in accordance with QP 17.0."

7 Recommended Action(s) (continued)

Identify these deficiencies and provide the measures required to correct them. Identify the cause of the condition and the planned corrective action to prevent recurrence.